

CONTRACT DATA SHEET

PSC Type (check one): ____New __x__Renewal ____Addendum

Contractor Information

1. Legal Name of Contractor: **SEVEN COUNTIES SERVICES**
2. Address: **101 West Muhammad Ali Blvd..**
3. City/ State & Zip: **Louisville, KY. 40202**
4. Contact Person Name & Telephone Number: **Howard Bracco, Pres/CEO, Seven Counties, Inc.**
5. Revenue Commission Taxpayer ID#:
6. If registration is not required please explain:
7. Is account in good standing:
8. Federal Tax ID # (SSN if sole proprietor):

Department Information

9. Requesting Department: **Louisville Metro Corrections Department**
10. Contact Person Name & Telephone: **Tom Campbell, Director 574-2242**

Contract Information

11. Not to exceed amount: **\$183,095.00**
12. Are expenses reimbursed? **NO**
13. If yes list allowable expenses and maximum amount reimbursable:
14. Beginning and ending date of the contract: **July 1, 2006 – June 30, 2007**
15. Coding: **1101-370-3040-300140-521367**
16. Scope & Purpose of the contract: **Contract to provide "inmate mental health care services" to qualified inmates and former inmates.**

Authorizations

____ County Attorney Review - Approved as to Form:

Department Director: _____ Date: _____

*Signature certifies:*____ *Funds are available*____ *Contractor is registered and in good standing with the Revenue Commission*____ *Human Relations Commission registration requirements have been met*

____ Risk Management Division of Finance - Certifies Insurance requirements satisfied:

Cabinet Secretary : _____ Date: _____
(If applicable)